



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
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July 15, 2015

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.  
Director

SUBJECT: **COLLECTION OF STANDARDIZED URGENT CARE CENTER DATA  
(ITEM NO. 34, AGENDA OF APRIL 28, 2015)**

## **INTRODUCTION**

On April 28, 2015, your Board approved a Motion by Supervisor Mark Ridley-Thomas regarding mental health urgent care centers. The Motion directed the Interim Chief Executive Officer (CEO) and the Directors of the Departments of Mental Health (DMH) and Health Services (DHS) to collect standardized data across the County psychiatric urgent care centers on a monthly basis. The Motion also directed the CEO to report back to the Board of Supervisors with the proposed report format for review and approval. This memorandum will provide an overview of the standardized data elements to be collected. A copy of the proposed monthly report format is attached for your review.

## **OVERVIEW: STANDARDIZED DATA ELEMENTS**

The Motion approved on April 28, 2015, establishes certain data elements to be reported on a monthly basis. Many of these data elements (e.g., patient demographics such as gender, race/ethnicity, and age) are routinely collected in a uniform manner. Other indicators, such as census and workload, have been defined in slightly different ways by the currently operating mental health urgent care programs. In preparing a standardized report format, DMH and DHS worked together to confirm the data to be reported and to develop definitions of each data element.

DMH and DHS will report each month on four key areas:

- Characteristics of individuals using mental health urgent care centers (e.g., age, gender, race/ethnicity, homeless and benefit status);
- Workload issues pertaining to each urgent care center (e.g., number of monthly visits, number of unique clients, average length of stay in the urgent care center);
- Referral sources to urgent care centers; and
- Outcomes for those using mental health urgent care centers (e.g., number of admissions to acute inpatient units or emergency rooms after treatment in an urgent care center, re-admission to urgent care centers within 30 days of a visit).

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Budgets for each program are established at the beginning of each fiscal year and generally do not vary on a monthly basis unless contracts are amended. Nevertheless, the monthly report will list the annual budget for each program. Finally, the Motion requested information regarding the number of clients conserved in mental health urgent care programs. However, conservatorship investigations are not initiated in such programs due to the practices governing conservatorship applications and the limits imposed by the length of stay which cannot exceed 23 hours and 59 minutes.

### **MONTHLY REPORT FORMAT**

As requested by your Board, a copy of the proposed monthly report format is attached for your review. DMH and DHS will begin compiling the data elements listed above in July 2015 and will provide a report to your offices beginning in August 2015. If you have questions or your staff would like to further discuss the report format, please feel free to contact Robin Kay, Ph.D., Chief Deputy Director of DMH, at (213) 738-4108 or [rkay@dmh.lacounty.gov](mailto:rkay@dmh.lacounty.gov).

MJS:RK

Attachment

c: Executive Office, Board of Supervisors  
Chief Executive Office  
Department of Health Services

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH  
COUNTYWIDE RESOURCE MANAGEMENT  
MONTHLY URGENT CARE CENTER (UCC) OUTCOME MEASURES

Fiscal Year:  
Reporting Month:

URGENT CARE CENTERS

DATA INDICATOR	DMH OLIVE VIEW UCC	EXODUS FOUNDATION MLK UCC	EXODUS EASTSIDE UCC	TELECARE MHUCC	TOTAL
# OF VISITS					
# OF UNIQUE CLIENTS					
AVERAGE LENGTH OF STAY					
GENDER					
FEMALE					
MALE					
TRANSGENDER					
RACE/ETHNICITY					
ASIAN/PACIFIC ISLANDER					
BLACK/AFRICAN-AMERICAN					
CAUCASIAN/WHITE					
HISPANIC/LATINO					
NATIVE AMERICAN					
OTHER					
AGE					
AGE :13-17					
AGE :18-25					
AGE :26-59					
AGE:60+					
# OF 5150s/5385s					
# OF HOMELESS CLIENTS					
# OF ADMISSIONS TO ACUTE INPATIENT/EMERGENCY ROOMS <30 DAYS					
RE-ADMISSION TO UCC <30 DAYS					
REFERRAL SOURCES					
COURT/LAW ENFORCEMENT					
HEALTHCARE AGENCY					
HOSPITAL TRANSFER					
WEBSITE					
MENTAL HEALTH CLINIC					
PRIMARY CARE PHYSICIAN					
SNF/ICF TRANSFER					
WALK-IN					
BENEFIT STATUS					
MEDI-CAL					
NON-MEDI-CAL					
PRIVATE INSURANCE					
ANNUAL BUDGET					